

## ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 148Registered No. 220

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village ClaypoolCity MiamiNo. R.R. Ave

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Burgess

(If child is not yet named, make supplemental report, as directed.)

## 3. Sex of Child

To be answered ONLY  
In event of plural  
births.

## 4. Twin, triplet or other

## 6. Legitimate?

## 7. Date

of birth

Month

Day

Year

## 8.

## FATHER

Full name Salvador Burgess

## 14.

## MOTHER

Full maiden name Lucia Nieto

## 9. Residence

(Usual place of abode)

Claypool, Ariz

## 15. Residence

(Usual place of abode)

Claypool, Ariz

If non-resident, give place and state.

If non-resident, give place and state.

## 10. Color or race

Mexican11. Age at last birthday 38 (Years)

## 16. Color or race

Mexican17. Age at last birthday 22 (Years)

## 12. Birthplace (city or place)

(State or country)

Texas

## 18. Birthplace (city or place)

(State or country)

Texas

## 13. Occupation

Nature of industry

Labour  
Copper smelter

## 19. Occupation

Nature of industry

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

## (a) Born alive and now living

## (b) Born alive but now dead

## (c) Stillborn

## 21. Were precautions taken against ophthalmia neonatorum?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

alive  
(Born alive or stillborn.)at 11:15 P m. on the date above stated.

Signature

J. J. Miller  
MD

(Physician or midwife.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from  
a supplemental report

Month, day, year

Address

Filed

Miami, Ariz  
May 15, 1929  
C. E. Jones

Registrar

Registrar

722-507-356